SPS INSPECTION SERVICE LLC
920-266-9611
SPSINSPECTIONSERVICE@GMAIL.COM

APPLICATION FOR HVAC PERMIT

DATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

PROJECT ADDRESS: _____ PARCEL NO: _____

OCCUPANCY: ☐ 1 & 2 FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL ☐ INSTITUTIONAL ☐ ACCESSORY

Number	Type of Work	BTUs	Make/Model
	Boiler(s)		
	Furnace(s)		
	Unit Heater(s)		
	Roof Top Unit(s)		
	Air Conditioner(s)		
	Fireplace(s)		Direct vent ☐Yes ☐No Zero clearance ☐Yes ☐No
	Distribution System	Area to be heated and/or cooled = _____ square feet	
Other:			

State approved plan required? ☐ Yes ☐ No Project Cost: $ _____

Transaction ID # _____ Site ID # _____

Delinquent Permits: Failure to obtain a HVAC permit prior to the start of a project results in double the regular permit fee.

Inspections: Minimum 2-business days' notice must be given to arrange for inspection.

In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the municipality.

NAME OF CONTRACTOR/INSTALLER: _____

ADDRESS: _____ PHONE NUMBER: _____

HVAC CONTRACTOR'S CERTIFICATION #: _____ EXPIRATION DATE: _____

HVAC CONTRACTOR/APPLICANT'S SIGNATURE: _____

HVAC PERMIT